

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35988

1. PLACE OF DEATH

NOV 15 1937

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

St. Louis Mo.

(No.)

3305 A Pestalozzi St.

File No.

Registered No.

9565

St.

Ward)

2. FULL NAME Mary Von Der Ahe

(a) Residence, No.

3305 A Pestalozzi St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

William Von Der Ahe.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

11

24

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Illinois

MOTHER FATHER

13. NAME Sebastian VonDerAhe

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT
(ADDRESS)Frank VonDerAhe
3305 Pestalozzi St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Matthews

DATE Oct 15th

1937

19. UNDERTAKER
(ADDRESS)Thos. Kute's
906 Gravois Ave.

20. FILED

OCT 13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 28, 1937, to Oct. 12, 1937

I last saw her alive on Oct. 12, 1937. Death is said

to have occurred on the date stated above, at 1:00 P. M.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis and myocardial
degeneration

Date of onset

Other contributory causes of importance:

Thrombosis of arteries of legs with
gangrene of feet.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Robert S. Nye, M. D.

(Address)

2931 Gravois Ave.

I Thomas Kutis

L.E. 1619

Embalmed the above Person by THOMAS KUTIS L.E.1619

Thomas Kutis
L.E. 1619 —